

Application to Format Your Organizations Training Program to Meet POST Requirements

Last Revised 02.03.2016

If your organization is intending to provide Continuing Law Enforcement Education (CLEE) training to Missouri law enforcement officers and:

1. You want these officers to receive CLEE training credit that can be used to meet their annual continuing education (24 hour) requirement, then;
2. Your training course must be pre-approved and assigned a control number by POST **before** the training is presented.

To get your training program/course approved please submit the following information to Missouri POST, PO Box 749, Jefferson City, MO 65102 (**allow 30 days for approval**). The Training Course Requirement Checklist should be used as a final check by you before sending your course to POST.

If you have any questions, please contact the POST Program:

- Via U.S. Mail at P.O. Box 749, Jefferson City, MO 65102; or
- Via telephone at 573-751-3409; or
- Via e-mail: post@dps.mo.gov

ORGANIZATION INFORMATION			
Organization Name		Telephone Number ()	
Fax Number ()	Address		
City	State	Zip	
Contact Person/ Administrator		Telephone Number ()	
E-mail Address (Required)		Website	
Course Title			

Attendance Policy

To successfully complete a course used to meet the Missouri Continuing Law Enforcement Education (CLEE) training requirements, an individual's absence **must not** be allowed for any reason, valid or otherwise. Each individual attending this course must sign the Attendance Sign-In Sheet, (see attached example) upon arrival to the class. No attendee may sign-in for someone other than themselves.

Individuals who do not successfully complete **all** hours of instruction will not receive credit for this course and a Certificate of Completion should not be issued.

Evaluation Plan

Each hour of CLEE training must have a minimum of fifty (50) minutes of class time, which is then typically followed by a ten (10) minute break. Each hour of instruction equates to one (1) hour of CLEE credit.

What does the officer have to do to successfully complete this course? (Check the applicable boxes)

- ☐ Attendance & Participation
- ☐ Written Test
- ☐ Oral Test
- ☐ Practical Exercise

Total Hours of Training (indicate the number of hours in each of the four (4) core curricula areas):

Legal Studies _____ **hour(s):** Described as training that focuses on updates or familiarization of federal or state criminal law, case law updates or any type of legal issues;

Interpersonal Perspectives _____ **hour(s):** Described as training that focuses on interpersonal or communication skills, such as implicit bias, racial profiling, cultural diversity, ethics, fair and impartial policing practices, conflict management, victim sensitivity, critical thinking and social intelligence, mental health awareness, and stress management training;

Technical Studies _____ hour(s): Described as training that focuses on specialized studies or activities which directly relate to the job description and performance, such as crash investigation, traffic stops and agency policy updates;

Skill Development _____ hour(s): Described as training that focuses on activities that develop physical skill proficiency and demonstrative tasks such as defensive tactics, driver training, first aid, and CPR training.

Skill Firearms _____ hour(s): Described as training that focuses on activities that develop physical skill proficiency and demonstrative tasks in firearms.

This course also covers one or more of the following topic areas:

- Training on officer well-being, including mental health awareness for the following number of hours: _____ Legal Studies, _____ Interpersonal Perspectives, _____ Technical Studies, _____ Skill Development.
- Training on fair and impartial policing practices, including implicit bias recognition for the following number of hours: _____ Legal Studies, _____ Interpersonal Perspectives, _____ Technical Studies, _____ Skill Development.
- Training on handling persons with mental health and cognitive impairment issues for the following number of hours: _____ Legal Studies, _____ Interpersonal Perspectives, _____ Technical Studies, _____ Skill Development.
- Tactical training to include de-escalation techniques, crisis management, critical thinking and social intelligence for the following number of hours: _____ Legal Studies, _____ Interpersonal Perspectives, _____ Technical Studies, _____ Skill Development.
- Racial Profiling training for the following number of hours: _____ Legal Studies, _____ Interpersonal Perspectives, _____ Technical Studies, _____ Skill Development.

The Course Attendance Sign-In sheet is used to ensure proper attendance throughout the course. This is just an example and may be modified to your specifications; however the form should, at a minimum, include the officer's name and POST license number.

COURSE ATTENDANCE SIGN-IN SHEET

Name of Course _____

Organization _____

Location _____ Date _____

Instructors Name _____ POST Control Number _____

NAME (PRINT)

POST LICENSE NUMBER

I attest that the above-listed individuals attended this CLEE training course in its entirety.

Instructor's Signature _____

INSTRUCTOR RECORD

INSTRUCTIONS FOR COMPLETION

You may use the attached “Instructor Record” form, OR you may choose to submit the instructor’s resume or curriculum vitae. If you use the attached “Instructor Record” form it must be filled out in its entirety.

Regardless if you choose to submit the “Instructor Record” or resume/CV, either form must explicitly outline your qualifications to instruct the course for which you are applying. For example, if you are providing instruction in defensive tactics, you must list the instructor certifications you currently possess and provide copies of your relevant instructor certifications.

INSTRUCTOR RECORD

Last Name:	First Name:	Middle Initial:
Address:	City:	State and Zip:
Phone:	Work Phone:	Mobile:
Fax Number:	E-Mail #:	

Instructor Experience

Title of course to be taught:

List your experience, education, and training that specifically qualifies you to instruct this course. **(If you have them, please attach any relevant training certificates or any relevant secondary or third-party instructor licenses.)**

References - who can best attest that you are qualified to teach this course (include name and phone number)

1st Reference

Phone #:

2nd Reference

Phone #:

3rd Reference

Phone #:

Instructor Attestation

By submitting this form to the Missouri Department of Public Safety, I hereby certify that all of the above information is accurate to the best of my knowledge.

OBJECTIVES OF THE COURSE

INSTRUCTIONS FOR COMPLETION

*The purpose of this form is for the instructor to list the specific, measurable learning objectives for this course. The objectives must outline what the student should be able to do as a result of completing this course. The objectives must be **measurable**. When listing the objectives, use terms such as **List, Define, Identify, Demonstrate** and **Discuss**. The terms *Learn, Know* and *Understand* are not measurable terms and cannot be used when listing the objectives. As a reminder, the course objectives must clearly be identified in the detailed lesson plan of the course. Since there is no required minimum number of learning objectives, you can have one broad learning objective or multiple specific learning objectives.*

At the end of this _____ hour CLEE training course, the student will be able to:

INSTRUCTOR'S DETAILED LESSON PLAN

A lesson plan should contain, at a minimum, all of the information covering the course objectives. The lesson plan should be detailed sufficiently that another instructor, with like expertise, with some preparation, could teach the course. An outline or course overview will not be accepted as a detailed lesson plan. **To aid in our review of your submitted course, please identify your learning objectives within the body of your lesson plan.**

SOURCE DOCUMENT INFORMATION FOR COURSE

AUDIO-VISUAL MATERIALS USED IN CLASS (A copy must be provided with submitted course):

TEXT/PUBLICATIONS REVIEWED IN CLASS (title, publisher, year of publication, pages/chapters used):

*If a manual, workbook, etc. are used by the instructor or the student in class, a copy must be submitted with application

HANDOUT MATERIALS DISTRIBUTED (title, author, source, year of publication):

*Must be submitted with application

REFERENCES USED TO DEVELOP COURSE/WRITE LESSON PLAN (title, edition, author, publisher, year of publication, pages/chapters used):

EXAMPLE OF CERTIFICATE OF COURSE COMPLETION

This example contains all of the information that is required of a Missouri certificate of CLEE course completion. You may use a different certificate format, but it must contain all of the components listed on the following page and a sample certificate must be submitted with this application.

NAME OF TRAINING PROVIDER

presents to

Sgt. John Doe

a

Certificate of Completion

Of 15 hours of Continuing Law Enforcement Education training for

Course Title Placed Here

in the area(s) of ***Legal Study 5 hours, Technical Study 5 hours, and
Skill Development (Firearms) 5 hours***

held on ***January 01, 2016***

Anywhere, Missouri

*“The Missouri POST Program has approved this course for “Approved Provider”
training credit, POST Control Number _____.”*

If applicable, the following topic areas should be noted on the certificate as well:

Training on officer well-being, including mental health awareness for the following number of hours:
____ Legal Studies, ____ Interpersonal Perspectives, ____ Technical Studies, ____ Skill Development.

Training on fair and impartial policing practices, including implicit bias recognition for the following
number of hours: ____ Legal Studies, ____ Interpersonal Perspectives, ____ Technical Studies,
____ Skill Development.

Training on handling persons with mental health and cognitive impairment issues for the following
number of hours: ____ Legal Studies, ____ Interpersonal Perspectives, ____ Technical Studies,
____ Skill Development.

Tactical training to include de-escalation techniques, crisis management, critical thinking and social
intelligence for the following number of hours: ____ Legal Studies, ____ Interpersonal Perspectives,
____ Technical Studies, ____ Skill Development.

Racial Profiling training for the following number of hours: ____ Legal Studies, ____ Interpersonal
Perspectives, ____ Technical Studies, ____ Skill Development.

***NOTE: If the course is Skill Development in the area of Firearms training, the certificate should
specifically indicate that “Skill Development (Firearms)” was awarded.***

Name of Instructor

Training Course Requirement Final Checklist

The Training Course Requirement Checklist should be used as a final check by you before sending your course to POST.

1. Information for Provider of Continuing Education

- ☐ Name of the Organization Providing the Training (Name & Address)
- ☐ Organization contact person's phone number
- ☐ Attendance Policy (policy to state what the attendance is for the course, Sign-In sheets, affirmation of attendance, or the source used to prove attendance)
- ☐ Evaluation Plan (this is to state what the student has to do to successfully complete the course)
- ☐ Total hours of training in curricula areas (state the total hours in each of the four (4) core curricula areas and other mandated topic areas if applicable)

2. Instructor Record

- ☐ Instructor Record (this will outline what qualifies the instructor as a "subject matter expert," training, experience, certifications, etc., that qualifies them to teach this particular course)

3. Objectives of the course

- ☐ Objectives of the course (this will state what the student should be able to do as a result of completing the course)

4. Instructor's Lesson Plan

- ☐ Lesson Plan (must state exactly what the student will be taught, should be detailed enough that someone else could teach the course, and course objectives must be clearly identified within the lesson plan)

5. Source Document

- ☐ Source Document Information (source of information used to prepare the course)

6. Certificate

- ☐ Each student is to receive a certificate/diploma that includes: **(Submit sample copy to POST)**
 1. Organization Name
 2. Student's name
 3. Number of contact hours (total)
 4. Name of course
 5. Number of hours in each core curricula area
 6. Date and location of course
 7. Note any specific topic areas covered and the appropriate number of core hours if applicable.
 8. If the course covers Skill Development (Firearms), note it as such.
 9. The following statement must appear on the certificate/diploma: *"The Missouri POST Program has approved this course for "Approved Provider" training credit, POST Control Number _____."*

10. Name of Instructor

Name of Person Reviewing Course Requirement (PRINT)

Phone #

Date of Review